



**21<sup>st</sup> Century Community Learning Center  
Kindergarten – 8<sup>th</sup> grade**

Important concerns regarding (circle)

Health      Developmental Abilities

Allergies      Release (custody)

Today's Date: \_\_\_\_\_

**INFORMATION ABOUT STUDENT**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Student I.D. Number \_\_\_\_\_

Student's Gender:  Male  Female

Home Address \_\_\_\_\_

City: Philadelphia Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email (to receive YouthCOR updates): \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade (in Fall): \_\_\_\_\_

- Child's Race:  Latino of any race  
 African-American/Black  
 White/Caucasian  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian or Pacific Islander  
 Two or more races  
 Other

Language spoken at home: \_\_\_\_\_

Is child designated as ELL

- Yes     No

**Program Site:**

- Gilbert Spruance  
 Thurgood Marshall  
 J.H. Brown  
 Austin Meehan

**After School Program**

September 3, 2019–June 12, 2020  
3:00 PM – 5:50 PM

**FREE – 21<sup>st</sup> CCLC**

**Late pick-up fee:**

charged \$5.00 every 10 min.  
beginning @ 6:00 PM.

**Program includes:** snack, STEM & Literacy, Arts (Visual, Dance, Drama, Music), sports & more



**FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Address \_\_\_\_\_ City/Zip \_\_\_\_\_

**In order for CORA to receive increased opportunities for funding, subsidies and materials please provide the following information:**

Is Child a US Citizen?  Yes  No      Family size (including self and child)? \_\_\_\_\_

Is child/family receiving  TANF  SSI  Food Stamps  Medicaid Case # \_\_\_\_\_

Is child/family currently receiving services from DHS?  Yes  No

If yes, from which agency or CUA are you receiving services? \_\_\_\_\_

Do you receive a CCIS subsidy to assist in the payment of after school/child care costs?  Yes  No

Family Income: (please check closest)

- less than \$24,400       \$24,500 - \$49,960       \$49,970 - \$67,640       \$67,645 - \$85,320  
 \$85,330 - \$103,000       \$103,100 - \$120,680       \$120,780 - \$138,360       More than \$138,370

**EMERGENCY INFORMATION/AUTHORIZATION FOR PICK UP**

People, *other than parents*, to contact in case of emergency:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact in case of emergency       Person is authorized to pick up this child

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact in case of emergency       Person is authorized to pick up this child

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact in case of emergency       Person is authorized to pick up this child

**Anyone specifically NOT allowed to pick up this child?** (In case of divorce/separation, we will need a copy of divorce decree/custody court order)

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Description: \_\_\_\_\_

**IMPORTANT:**

All children enrolled in YouthCOR must submit a record of a medical examination performed **within one year of the current enrollment date, including immunization record.**

Health Assessment form is included in application.

**Health Information - Required by State Law**

Child's physician of source of medical care:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Coverage:

Insured: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please indicate any general health concerns (give details)

Physical limitations/disabilities (description) \_\_\_\_\_

Taking medication (description) \_\_\_\_\_

History of convulsions (description) \_\_\_\_\_

Asthma (description) \_\_\_\_\_

Diabetes (description) \_\_\_\_\_

Other \_\_\_\_\_

None of the Above

Please indicate any **allergies** that your child has:

Milk                                       Stings/bites (which?) \_\_\_\_\_                                       Medications (list) \_\_\_\_\_

Chocolate                                       Foods (which?) \_\_\_\_\_                                       Other \_\_\_\_\_

Juices (which?) \_\_\_\_\_                                       Animals (which?) \_\_\_\_\_                                       No Known Allergies

Additional information on any special needs?  No     Yes (Specify) \_\_\_\_\_

Medical or dietary information necessary in an emergency? \_\_\_\_\_

**CONSENT AND RELEASE:**

In consideration of the enrollment of my child, \_\_\_\_\_

(birth date \_\_\_\_/\_\_\_\_/\_\_\_\_) in CORA Services' YouthCOR 21<sup>st</sup> CCLC Program 2019-2020, I/we hereby consent to the following:

- I. I give permission for my child to participate fully in all YouthCOR on-site program activities and special events without restriction, unless otherwise stated.
- II. I agree that in case of accident or injury, emergency medical care may be given, a parent will be contacted as soon as possible, and the staff may act on my behalf.
- III. I give consent for my child to receive minor first aid care from trained CORA YouthCOR staff. I also agree to pick up my sick child immediately.
- IV. I consent for my child to take part in field trips or excursions involving those as listed in the YouthCOR calendar, or to take walks in the neighborhood under proper supervision, including possible trips to the local library or park. I understand that I will be asked to sign consent/permission forms for my child to participate in any off-site activities and to be transported in Agency or other approved vehicles.
- V. If YouthCOR participates in water activities, I give consent for my child to swim and wade as part of these activities, understanding that all swimming activities will be under the supervision of a trained and certified lifeguard.
- VI. I give consent for CORA Services to display in the news media, or electronically via the internet or in other displays, the artwork created by my child in connection with the YouthCOR 21<sup>st</sup> CCLC program. I also consent to have my child's artwork, including name, grade level and school displayed by CORA Services for the viewing of the general public.
- VII. I grant CORA Services permission to display in the news media or electronically via the internet and in other displays, photographs and or video footage of my child taken in connection with his or her participation in the YouthCOR 21<sup>st</sup> CCLC program.
- VIII. I give consent for my child to participate in OST surveys, administered by both CORA Services and Research for Action on behalf of CORA Services' 21<sup>st</sup> CCLC Evaluation process. (see parent packet for complete description)
- IX. The information written on this form is accurate and true to the best of my knowledge, I understand that CORA Services staff will consult this form regarding important information about my child's health and safety. I further understand that I must update this form every 6 months (as required by law) or when information changes, whichever comes first.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**SIX MONTH REAPPROVAL: I have reviewed this form and made all necessary updates.**  
(do not sign at time of enrollment)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Thank you for completing this form in its entirety; specific information is required by Pennsylvania State regulations.

**OFFICE USE**

Date of Child's Admission: \_\_\_\_\_

Director's Initials: \_\_\_\_\_

**CONSENT TO WALK HOME**

May your child be released to walk home?

- Yes, I would like my child to be released to walk home** and give consent for my child to be released by YouthCOR at 5:50 PM. I grant my permission effective until further written notification is given by me. I release CORA Services from any liability for my child, once s/he leaves the program.
- No, I do not authorize my child to be released to walk home.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**DEVELOPMENTAL AND BEHAVIORAL ASSESSMENT**

Does your child have an IEP?  Yes  No

Does your child receive supplemental support services?  Yes  No

If yes, please indicate in which areas he/she receives supplemental services:

- Academic/Learning     Social/Emotional     Speech/Language     Health/Physical

**Consent to Release Education Records under FERPA**

I am the parent or guardian of the student listed on the application. As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C., 1232g, and 34 C.F.R. Part 99 ("FERPA"), I consent and authorize The School District of Philadelphia (the "School District") to release education records concerning the Student, including confidential records of the School District to the City's Department of Human Services, the Public Health Management Corporation, and CORA Services OST program ("Recipients")

The School District releases these education records in connection with the Student's participation in the CORA OST program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate OST programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERPA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**GETTING TO KNOW YOU - ADDITIONAL INFORMATION:**

Is there anything you would like to share about your child with the staff? (personality, strengths, goals, etc.)

\_\_\_\_\_

\_\_\_\_\_